



12/20/01

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December 20, 2001

FILE NO: 52493.000230

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket Number: 52493.000230

First Named Inventor: Allison STOLTZ

Title: SYSTEM AND METHOD FOR RISK ASSESSMENT

jc760 U.S. PTO
10/022438
12/20/01

TO: **BOX PATENT APPLICATION**
Commissioner for Patents
Washington, D.C. 20231

Sir:

Attached are the following for filing with the U.S. Patent and Trademark Office:

1. Fee Transmittal Form (original and duplicate)
2. Small Entity Status Claimed: Independent Inventor
 Small Business Concern
 Non-Profit Organization
3. Statement Enclosed
4. Statement Filed in Prior Application; Status Still Proper and Desired
5. Specification - Total Pages: 26 (Including Abstract)

CLAIMS AS FILED						
	Claims Filed	Basic Fee Claims	Extra	Rate		Amount
				Large Entity	Small Entity	
Total Claims	20	20	0	\$ 18.00	\$ 0.00	\$ 0.00
Independent Claims	2	3	0	\$ 84.00	\$ 0.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 0.00	\$ 0.00
BASIC FEE				\$ 740.00	\$ 0.00	\$ 740.00
TOTAL FILING FEE						\$ 740.00
Assignment Recordation Fee						\$ 0.00
TOTAL AMOUNT ENCLOSED						\$ 740.00

4. Drawings - Total Sheets: 4 (Fig(s). 1 - 4)
5. Oath or Declaration - Total Pages: 4



21967

PATENT TRADEMARK OFFICE

- RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
- a. Newly executed (original or copy)
 New (unexecuted)
 - b. Copy from a prior application
(for continuation/divisional with Box 17 completed)
 - i. DELETION OF INVENTOR(s):
Signed statement attached deleting inventor(s) named in prior application.
 - 6. Application Data Sheet
 - 7. CD-ROM or CD-R in duplicate, large table or Microfiche Computer Program (Appendix)
 - 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (two copies); or
 - ii. Paper Copy (identical to computer copy)
 - c. Statements verifying identity of above copies
 - 9. Assignment (unexecuted)
 - 10. 37 C.F.R. 3.73(b) Statement Power of Attorney
 - 11. English Translation Document (if applicable)
 - 12. Information Disclosure Statement with PTO-1449 and References
 - Copies of Information Disclosure Statement Citations
 - 13. Preliminary Amendment
 - 14. Return Receipt Postcard
 - 15. Foreign Priority is Claimed as Follows:

- If Foreign Priority is Claimed, Certified Copy of the Above Priority Document(s) is Submitted Herewith
- 16. Nonpublication Request under 35 U.S.C. § 1222(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent.
- 17. Other: _____
- 18. Continuation Divisional Continuation-in-Part of

Prior Application No.: _____ filed _____

- Incorporation By Reference (useable if Box 5b is marked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application papers.
- Complete Application Based on Provisional Application No.: _____ filed _____

19. Please address all correspondence to:

CUSTOMER NUMBER 21967

Intellectual Property Department
Hunton & Williams
1900 K Street, N.W.
Suite 1200
Washington, DC 20006-1109

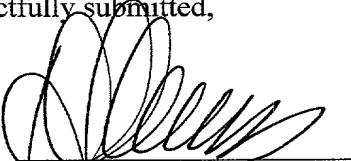
20. A new power of attorney or authorization of agent (PTO/SB/81) is as follows:

- The power of attorney is to:
 Please remove as power of attorney:
 Please add as power of attorney:

21. A check in the amount of \$ 740.00 is enclosed. In the event any variance exists between the amount enclosed and the Patent Office charges, please charge or credit any such variance to **Deposit Account No. 50-0206**.

Respectfully submitted,

By:



Ozzie A. Farres
Registration No. 43,606

OAF/tlc
Enclosures

FEE TRANSMITTAL

BOX PATENT APPLICATION

FEE TRANSMITTAL		Complete If Known																																													
BOX PATENT APPLICATION																																															
Total Amount Of Payment (\$ 740.00)		Application No. To Be Assigned																																													
METHOD OF PAYMENT (check one)		Filing Date December 20, 2001																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams.		First Named Inventor Allison STOLTZ Examiner Name To Be Assigned Group Art Unit To Be Assigned																																													
2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.		FEE CALCULATION (continued)																																													
FEE CALCULATION		3. ADDITIONAL FEES Fee Description Fee Paid <input type="checkbox"/> Surcharge - late filing fee or oath \$ <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet \$ <input type="checkbox"/> _____ Month Extension of Time \$ <input type="checkbox"/> Notice of Appeal \$ <input type="checkbox"/> Filing Brief in Support of Appeal \$ <input type="checkbox"/> Request for Oral Hearing \$ <input type="checkbox"/> Utility Issue Fee (or Reissue) \$ <input type="checkbox"/> Design Issue Fee \$ <input type="checkbox"/> Plant Issue Fee \$ <input type="checkbox"/> Petition to Commissioner \$ <input type="checkbox"/> Petition to Revive (Unavoidable) \$ <input type="checkbox"/> Petition to Revive (Unintentional) \$ <input type="checkbox"/> Petitions Related to Provisional Applications \$ <input type="checkbox"/> Submission of Information Disclosure Statement \$ <input type="checkbox"/> Filing Submission After Final Rejection \$ <input type="checkbox"/> Recording Each Patent Assignment Per Property \$ <input type="checkbox"/> Filing Request for Reexamination \$ <input type="checkbox"/> Other (specify) _____ \$																																													
1. BASIC FILING FEE <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <u>FEE PAID</u> Utility Filing Fee \$ 740.00 Design Filing Fee \$ Plant Filing Fee \$ Reissue Filing Fee \$ Provisional Filing Fee \$																																															
2. EXTRA CLAIMS FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th rowspan="2" style="text-align: center; width: 15%;">For</th> <th rowspan="2" style="text-align: center; width: 15%;">Number Present</th> <th rowspan="2" style="text-align: center; width: 15%;">Highest Number Paid For</th> <th rowspan="2" style="text-align: center; width: 10%;">Extra</th> <th colspan="2" style="text-align: center; width: 20%;">Rate</th> <th rowspan="2" style="text-align: center; width: 10%;">Amount</th> </tr> <tr> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">TOTAL CLAIMS</td> <td style="text-align: center;">20</td> <td style="text-align: center;">20</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$ 18.00</td> <td style="text-align: center;">x \$ 0.00</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">INDEPENDENT CLAIMS</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$ 84.00</td> <td style="text-align: center;">x \$ 0.00</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">MULTIPLE DEPENDENT CLAIMS</td> <td style="text-align: center;">\$ 280.00</td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="6" style="text-align: center;">TOTAL EXTRA CLAIMS FEES</td> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>				CLAIMS AS AMENDED							For	Number Present	Highest Number Paid For	Extra	Rate		Amount	Large Entity	Small Entity	TOTAL CLAIMS	20	20	0	x \$ 18.00	x \$ 0.00	\$ 0.00	INDEPENDENT CLAIMS	2	3	0	x \$ 84.00	x \$ 0.00	\$ 0.00	MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 0.00	\$ 0.00	TOTAL EXTRA CLAIMS FEES						\$ 0.00
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SUBMITTED BY 				Complete (if applicable)																																											
Typed or Printed Name Ozzie A. Farres				Registration No. 43,606																																											
Signature 				Date	December 20, 2001																																										